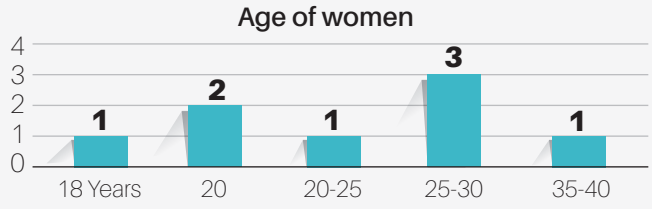
Area-based mortality reviews
to identify gaps in maternal healthcare in Afghanistan

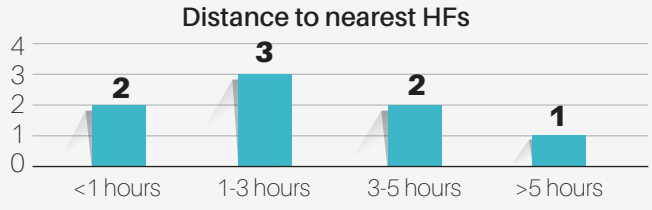
Afghanistan has the highest maternal mortality ratio in the region and one of the highest in the world. However, this ratio has come down to 327 per 100,000 live births from 1600 per 100,000 in 2002 (AMS, 2010). This significant reduction in the maternal mortality ratio is a result of a decade-long implementation of a 'basic package of health services' and 'essential package of hospital services'.

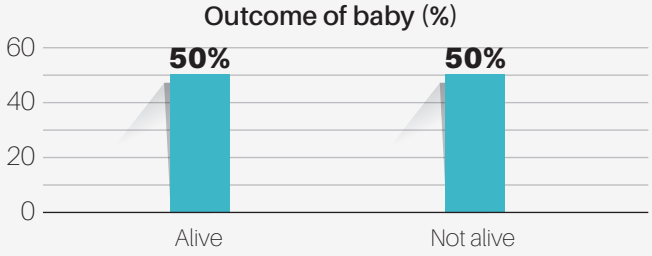
icddr,b undertook an initiative to design, build capacity, implement and evaluate effectiveness of area-based health maternal mortality reviews in collaboration with the Ministry of Public Health in Afghanistan. The initiative was undertaken to improve knowledge, community responsiveness, and the quality of care by providers and, ultimately, to reduce maternal mortality. Our key outputs from this initiative include trained health staff and establishment of a coordination mechanism between staff and health workers for the reviewing process, as well as formation of maternal death committees that would take necessary actions based on review findings.

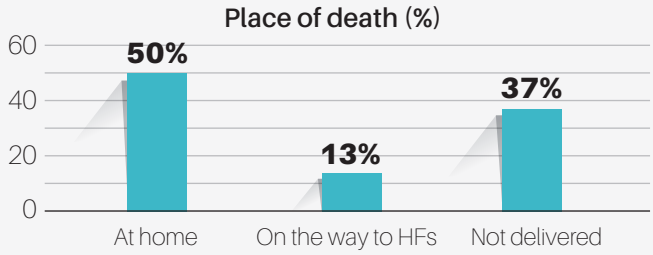
Our study shows that maternal deaths are caused mainly by poor access to health facility due to poor road conditions, lack of awareness about signs of illness, and inability to make decisions promptly. Of the women we studied, 63% died because of post partum hemorrhage, 12% due to renal failure, 12% due to sepsis, and 13% due to laceration of the uterus. Of the women who died, two were one hour away from the nearest clinic, two were between 3-5 hours, three were between 1-3 hours, and one was more than 5 hours away. All these deaths had complications, with the deceased coming from poor families and illiterate. 50% of these women died at home, 37% died at health facilities, and 13% died on their way to a health facility. 63% of the women who died did not get antenatal care during their pregnancy. 50% of the babies of these mothers survived while 50% were died. Half of these mothers were nuliparous and the other half were multiparous. It was also a first-time pregnancy for half of these women.

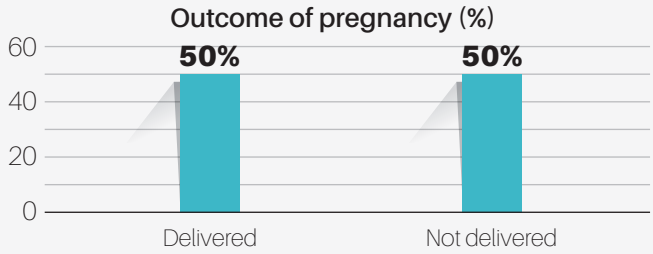
Through our evaluation of the causes and contributing factors in maternal mortality in three districts (Eshkashem, Sheghnan and Nussai) we found the following:





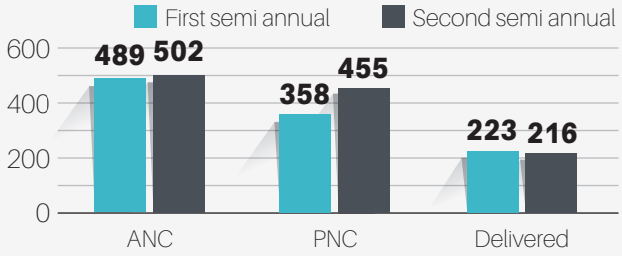


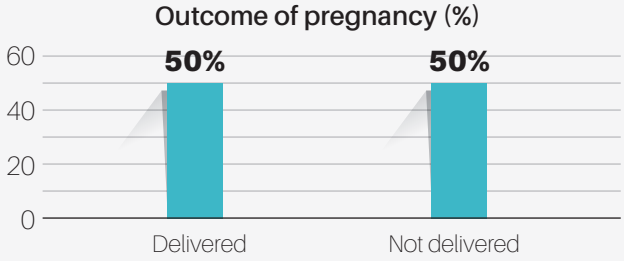


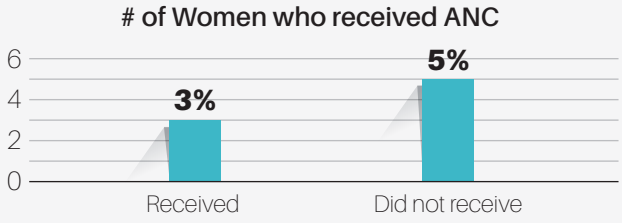


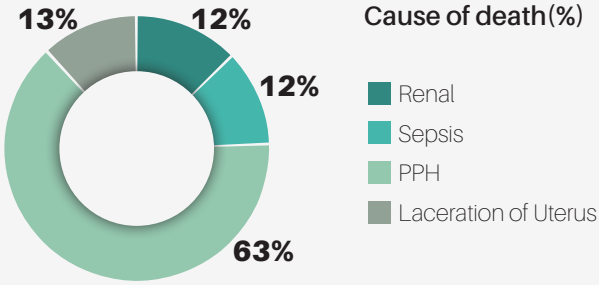
Area-based mortality reviews to identify gaps in maternal healthcare in Afghanistan

Our MCH data comparison of first semiannual with second semiannual of 2014 in Nussia district:

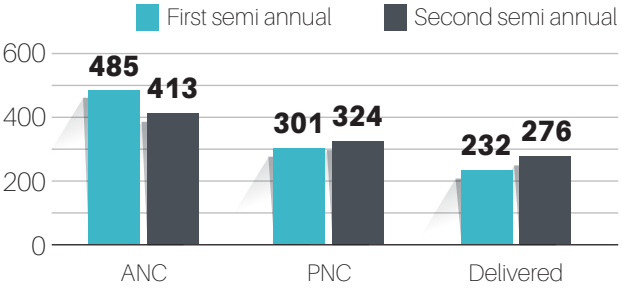








Our MCH data comparison of first semiannual with second semiannual of 2014 in Shughnan district:



These maternal deaths could have been avoided if

- There were easier access to health facilities
- There were clinics at the nearest villages
- A skilled birth attendant provided support to these mothers
- They had made use of MWR service at CHCs during their pregnancy
- They had been made aware by community health workers about the signs of illness

In conclusion, we recommend

- Undertaking initiatives to increase awareness amongst families and community influencers (such as religious leaders) about signs of illness during pregnancy, birth and after birth
- Strengthening the role of community health workers in facilitating safe motherhood and family planning
- Encouraging community health workers to share their list of pregnant women—especially those classified as "high risk"—with the nearest clinics
- Encouraging increased referrals to clinics and MWR, especially for high risk groups such as pregnant women
- Increasing the effectiveness of monitoring and supervisory roles with community health workers at the health posts
- Training all midwives of AKHS health facilities in verbal autopsy

References:

- Afghanistan Mortality Survey 2010
- HMIS data base
- Verbal autopsy questionnaires applied

This policy brief was prepared by Dr. Shafiq Mirzazada and Dr. Ebadullah Hedayat

For more information please contact Dr Shafiq Mirzazada, CEO Aga Khan Health Services, Afghanistan. shafiq.mirzazada@akdn.org

This project was made possible with support from the Maternal Health Task Force at the Harvard T. H. Chan School of Public Health through Grant #01065000621 from the Bill & Melinda Gates Foundation

icddr,b

Maternal Health Task Force

THE AGA KHAN UNIVERSITY